

CITY OF RENO
Annual License Renewal Application

LICENSE NUMBER: A _____
BUSINESS NAME: _____
LICENSEE NAME: _____
BUSINESS LOCATION: _____
MAILING ADDRESS: _____

Last day to pay without penalty:
60 DAYS AFTER EXPIRATION DATE

Renewals will be accepted no more
than 30 days prior to expiration date

This application and payment must be received within 60 days after the expiration date or a 50% Penalty will be assessed. License Fee and Penalty must both be paid and entire form completed before next annual license will be issued. The information you provide is subject to audit. Any underpayment of fees is also subject to the 50% penalty.
PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING.

Hotel/Motel/Residential Rentals:

Insert number of units where applicable

0 through 3 units \$ 48.00

Additional units _____ X 5.00 \$ _____

TOTAL FEES \$ _____

PENALTY (if paid after grace period, 50% of Fees Due) \$ _____

TOTAL AMOUNT DUE – Send check for this amount. \$ _____
Be sure to include account number on check.

Keep a copy of this form for your records.

INSTRUCTIONS

Please read before completing form.

1. Verify all printed information on reverse side, and make any changes or corrections as necessary.
2. Complete reverse side of form, filing in the number of items for each activity. Calculate the license fees due for each activity, and subtotal for each category.
3. Total the license fees for each category and enter in the spaces indicated.
4. Compute any penalty due and enter in the designated space on the reverse side.
5. Calculate Total Amount Due.
6. Complete remainder of form, sign, and date.
7. Mail completed form and check (be sure to include your account number on your check) for Total Amount Due to:

City of Reno
Business License Renewals
One East First Street
PO Box 1900
Reno, NV 89505

BUSINESS STATUS:

Federal Tax Identification Number (EIN or SSN) : _____

Business has been sold. Date sold: _____

Name and Address of new owner:

No longer in business in Reno. Date out of business: _____

Other changes (legal status, owners/officers, new locations, mailing address, phone numbers, etc).
Please include old and new information below or on an attached sheet and mail in with this form, or
contact the City License Office at **(775) 334-2090** to obtain the proper forms.

CERTIFICATION

I hereby declare this application has been examined by me as of this date and to the best of my
knowledge and belief is true and correct.

Licensee Signature _____

Title _____

Date _____

Phone _____